

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	3		
<b>O.I.P.E. CLASSIFIER</b>		21	9/10/01
<b>FORMALITY REVIEW</b>	MTG	954	10/5/01
<b>RESPONSE FORMALITY REVIEW</b>	FL	712	12-19-01

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	1/1/01
Original	1/1/01
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If more than 150 claims or 10 actions  
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12-1901  
Ergonomic

952-05-01  
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